

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18	X	①					68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		↓		↓		TOTAL IND.		↓			
TOTAL DEP.	16	↔		↔		↔	TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS	16	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]		[REDACTED]		[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS